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DOZERS		REQUEST NUMBER	DATE/TIME CHECK-IN	OPERATOR'S NAME	NUMBER OF PEOPLE	SWAMPER/ RELIEF OPERATOR	HOME BASE (RANGER DISTRICT, UNIT OFFICE, INDIAN AGENCY)	DEPARTURE POINT (DESTINATION/ POINT OF RETURN)	TRUCK DESCRIPTION (LICENSE # AND/OR IDENTIFICATION #)	LOWBOY DESCRIPTION (LICENSE # AND/OR IDENTIFICATION #)	? IF TRUCK/ LOWBOY DEPARTE D	CONSECUTIVE NUMBER OF DAYS ON FIRE	MISCELLANEOUS LIGHTS, CANOPY, U-BLADE OR STRAIGHT BLADE	STANDARDS FOR SURVIVAL TRAINING?	"T" CARD I DONE	RELEASE DATE
AGENCY S/TF/ST TYPE	ID NAME/NO (CONTRACTOR/MODEL/SERIES)															
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DOZERS			REQUEST NUMBER	DATE/TIME CHECK-IN	OPERATOR'S NAME	NUMBER OF PEOPLE	SWAMPER/ RELIEF OPERATOR	HOME BASE (RANGER DISTRICT, UNIT OFFICE, INDIAN AGENCY)	DEPARTURE POINT (DESTINATION/ POINT OF RETURN)	TRUCK DESCRIPTION (LICENSE # AND/OR IDENTIFICATION #)	LOWBOY DESCRIPTION (LICENSE # AND/OR IDENTIFICATION #)	? IF TRUCK/ LOWBOY DEPARTE D	CONSECUTIVE NUMBER OF DAYS ON FIRE	MISCELLANEOUS LIGHTS, CANOPY, U-BLADE OR STRAIGHT BLADE	STANDARDS FOR SURVIVAL TRAINING?	"T" CARD DONE	RELEASE DATE	
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